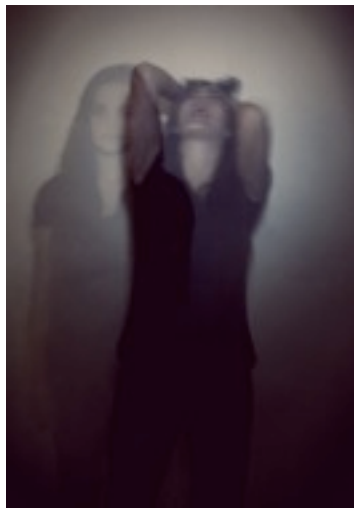


Special Corner: People & Mental Disorders

The latest Affective Mood Disorder and Anxiety Disorder News Article. Includes news on symptoms, treatments and current research.

Affective Mood Disorder Bipolar Disorder

1. What is bipolar disorder?



People with bipolar disorder experience unusual shifts in their mood, energy, activity levels and others. They especially experience inconsistent and abnormal elevation and depression of moods, to the extent that those interfere with everyday functioning of them.

According to the statistical analysis, 5.7 million, or about 5% of the entire world population, suffer from bipolar disorder ("Bipolar Disorder Statistics").

2. General Symptoms

- Difficulty concentrating, remembering and deciding
- Changes in sleep patterns

- Diminished energy
- Persistent thought of death or suicide
- Psychotic symptoms such as hallucinations or delusions.

During manic period, patients with bipolar disorder show extreme activeness and restlessness and tend to talk and think quickly. They are highly distractible, jumping one idea to another very quickly. Patients during manic period also gain grandiose self-esteem, which often leads them to set unrealistic goals and make poor judgment due to lack of insight. Patients seem happy and hyper during this period of disorder, but if serious, they become impulsive, irritable and aggressive ("Bipolar Disorder... Interactive").

During depression period, patients of bipolar disorder experience pervasive sadness. They feel guilty, anxious and worthless and tend to view everything in pessimistic view. They believe that they are helpless and are unable to improve their lives ("Bipolar Disorder... Interactive").



3. Diagnostic Criteria

The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition - also known as DSM IV - is the primary tool for psychologists and mental therapists use to diagnose bipolar disorder. They divide bipolar disorder into 2 major types: Bipolar I and Bipolar II. ("DSM-IV Criteria...")

Clinicians diagnose patients with Bipolar I when they show one or more symptoms of manic or mixed episodes. Patients are diagnosed with Bipolar II when they show at least one hypomanic episode, along with one or more major depressive episodes.

4. Etiologies

a) Biological

Some experts argue that bipolar disorder is caused by an underlying problem with the imbalance of brain chemicals. Neurotransmitters such as noradrenaline, serotonin, and dopamine are involved in brain and bodily functions of humans; for instance, sleeping, eating, learning, and memorizing. Researchers believe that abnormal hormone or neurotransmitter levels contribute to the mood changes of bipolar disorder.

Furthermore, scientists believe that bipolar disorder is caused by the genes that got inherited by parents. In the studies of identical twins with the same genes, scientists found out that if one identical twin has bipolar disorder, the other twin has a greater chance of developing bipolar disorder than another sibling in the family. Using statistical data, researchers concluded that the lifetime chance of an identical twin to also develop bipolar disorder is about 40% to 70%. This shows that bipolar disorder runs in family, having connection with the genes ("Bipolar Disorder Causes: Genetics, Brain Chemicals, Environment, and More").

b) Cognitive

Along with a genetic association with bipolar disorder, cognition of one can also affect one to suffer from bipolar disorder. According to Dr. Vieta's report, stressful conditions and environment can lead one to feel

irritated and negative about events around him or herself and show cognitive dysfunction associated with him or herself (Vieta).

c) Socio-cultural

Researches reveal that children with parents with bipolar are subjected to significantly stressful environments. In other words, children living under a parent who has an unpredictable mood changes, alcohol or substance abuse, financial and sexual indiscretions, and hospitalizations will create substantial stress factors that can attribute to the development of bipolar in the future. Many children of bipolar parents may progress not only bipolar but also an entirely different psychiatric disorder such as ADHD, major depression, or substance abuse. Environmental condition can further accelerate the genetic predisposition to bipolar ("Bipolar Disorder Causes: Genetics Brain Chemicals, Environment, and More").

5. Treatments

Bipolar disorder can bring consequences to the patients such as damaged relationships, poor job or school performance, and even suicide. However, this illness can be treated through various approaches ("Bipolar Disorder").

a) Biomedical Approach

Lithium is a chemical drug that regulates the hormone level of the patient, helping reducing the extreme mood swing symptom of bipolar disorder. A research team at Yale University School of Medicine measured the changing levels of gene activity in the blood of twenty depressed adult subjects with bipolar disorder before treat-

ment, and gave lithium carbonate pill. Over the eight weeks of treatment, there were clear differences in the levels of gene expression between those who responded to lithium and those who did not get the pill. Dr. Robert Beech, who led this study, concluded from this experiment that there are 127 genes that have different patterns of activity - turned up or down - associated with the mood controlling hormone and neurotransmitter (BioMed Central Limited).



b) Individual Approach

Cognitive Behavioral Therapy, or CBT, is used for individuals to get better at coping with their mood swings. It is developed based on the assumption that bipolar disorder's mood problem is less dependent on physical brain problems, but more on habitually dysfunctional ways that people think and interpret their life events. A group of researchers, Thomas Meyer et al. investigated the effectiveness of this approach. They conducted randomized controlled experiment with 76 bipolar patients, and gave them CBT for 20 sessions over 9 months of time. Researchers also followed up all the participants for 2 years to observe any improvement or change in their symptoms. The findings of them showed that 64.5% of participants were relapsed through long-term treatment such

as mood monitoring (Pederson).

c) Group Approach

Group therapy lets the patient to engage into a forum to communicate with and learn from others in similar situation. It may also help build better relationship skills.

Bernie, who suffers from bipolar disorder, was given the group therapy led by his therapist in weekly basis. He first did not talk in the meetings, but as time passed by, he eventually realized that he is not alone and could start to open his mind to those people who had similar experiences as him. Since avoidance of social situations is one of the symptoms of depression episode of bipolar disorder, group therapy also helps patients to get used to facing other people confidently ("Bipolar Disorder... Interactive").

Which one is most effective?

The most effective treatment for bipolar disorder would include a combination of a mood-stabilizing drug such as lithium, cognitive behavioral therapy and group talk therapy. Although drug treatment is the most primary solution to quickly reduce and take control of hyperactivity, sleeplessness, hostility, and irritability, biochemical pills can only give short-term effects and would not solve the fundamental problem of the disorder. Thus, other psychological treatment that cope with the fundamental thinking and behavioral habits of patients is necessary. Since cognitive malfunctioning also contribute to bipolar disorder, cognitive restructuring, or re-

evaluating negative thinking patterns through cognitive behavioral therapy would help patients to gain some distance from negative thinking and depression episode. Along with regular meeting with individual therapist to perform cognitive behavioral therapy, patients can have group therapy in a regular basis as well to meet with other people who understand their situations very well and talk with them to reduce avoidance and fear of social situations. This way, it can tackle both biological, cognitive and sociocultural causes of the disorder.

6. Further resources / videos that might help you further understand about Bipolar Disorder

Bipolar Disorder by NHS Choices:
<http://www.youtube.com/watch?v=sfXQU-QpKf4>

In this video, professor John Geddes talks about the diagnosis and symptoms of bipolar disorder and the different treatments that may be offered.

Anxiety Disorder

Social Anxiety Disorder

1. What is Social Anxiety Disorder?



Social Anxiety Disorder is the mental illness of having persistent and unreasonable fear of social situations such as meeting with people. According to the most recent

studies, about 8% of the world population experiences social phobia in a given year, making it the third most common psychiatric disorder (webmd.com).

2. General Symptoms

- Experiencing severe shivering or panic attacks when situated in social environment with many people.
- Avoiding social situations or enduring them with intense anxiety or distress.
- Anxiously anticipating feared situations so much it interferes with daily activities and relationships.
- Physical reactions such as nausea, sweating, heart beating abnormally fast and dizziness

3. Diagnostic Criteria



Mental health professionals use the Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV) when making diagnoses of social anxiety phobia as well. They ask specific questions to the patient in order to determine whether he or she meet each of the following criteria when making a diagnosis:

- Have significant and persistent fear of social or performance situations in which embarrassment, rejection, or scrutiny are possible.

- Almost always experience the physical symptoms of anxiety when in the feared social situation(s).
- Recognize that the fear is unreasonable but are unable to do anything about it.
- Avoid the feared situations or endure them with intense anxiety or distress.

In order to be diagnosed with social anxiety phobia, the fear and avoidance must be so severe that they significantly interfere with patient's daily functioning, school, work, or relationships or he or she is in significant distress about having the phobia (Diagnostic and statistical manual of mental disorders).

4. Etiologies

a) Biological

If one has social anxiety phobia, it is likely that there are imbalances of certain chemicals in one's brain, known as neurotransmitters. These neurotransmitters are used by your brain to send signals from one cell to another. Scientists recognize that there are four major areas of the brain involved when one experiences anxiety: the brain stem (controls your heart rate and breathing), the limbic system (effects your mood and anxiety level), the prefrontal cortex (helps you to appraise risk and danger) and the motor cortex (controls your muscles).

One study of blood flow in the brain recognized the differences in the brains of social phobics when speaking in public. Researchers used a type of neuro-imaging called "Positron Emission Tomography" (PET). The PET images showed that people with social anxiety disorder had increased

blood flow in their amygdala, a part of the limbic system associated with fear. In contrast, the PET images of people without social anxiety disorder showed increased blood flow to the cerebral cortex, an area associated with thinking and evaluation. The brain reacted to social situations differently, thus proving that there is certain relationship between the biological functioning of the body and social anxiety disorder (Tillfors et al).

b) Cognitive

One's cognition, or way of thinking, can also cause one to suffer from social anxiety disorder. Self-esteem is how a person evaluates him or herself based on the qualities he or she possesses. When someone has low self-esteem, rather than encouraging and feeling confident about his or her strengths, they tend to dwell on negative attributes. This negative self-evaluation can make one to feel uncomfortable to face other people, and to be engaged in social situations.

An experiment using Implicit Association Tests, Child Anxiety and Depression scales, and the Rosenberg Self-esteem Scale was done on adolescence teenagers, and found that self-evaluative thoughts and actions can come from a person's self-esteem level. The findings show that one's explicit self esteem can be the factor leading to social anxiety and depression. The negative judgement that a person has towards him or herself can be linked to unstable cognitive behavior that he or she possesses. In this experiment it was also found that girls, rather than boys, were more likely to have symptoms of social anxiety and depression. This in turn leads to them having lower explicit self esteem (Hullu et al).

c) Socio-cultural

Life experiences can also be the cause of social anxiety. Bad memories and experiences in life, and the way one handles and reacts to them, can also lead to the development of social anxiety. If one is consistently put in situations that make him or her feel inferior or fear the judgment of other people, he or she can begin to develop negative beliefs about him or herself that can cause social anxiety. This then promotes avoidance of situations that may provoke anxiety, which makes the social anxiety to get worse and worse, causing them to miss the opportunity to prove that their negative assumptions about themselves are wrong.

In a case study, Bernie, who was popular among his peers when he was high school student, had difficulty adapting himself into the college environment. When he found out that he was no longer the top student in academics nor in sports, he felt extremely nervous and dejected that he started to not go to school. Bernie did not socialize well with people in college, and isolated himself from the community. This made his social anxiety phobia to get even more serious ("Social Anxiety Disorder.. Interactive").

5. Further resources / videos that might help you further understand about Social Anxiety Disorder:

http://www.youtube.com/watch?v=4truuD_xMP0

In this video, Dr. Granet talks with leading expert, Dr. Murray Stein, about the symptoms of social anxiety disorder and different causes of this mental illness.

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